

# EXHIBIT M-4



# Your 2018 Formulary

Effective July 1, 2018



**For the most current list of covered medications or if you have questions:**



Call the toll-free member phone number on your ID card.



Visit your plan's member website listed on your ID card to:

- Locate a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

**Premium Standard**

## Understanding your formulary

### What is a formulary?

A formulary is a list of prescribed medications selected by your plan for their safety, cost and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

### How do I use my formulary?

You and your doctor can consult the formulary to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your ID card.

### About this formulary

Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or plan sponsor for full details.

### What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, determined by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

### When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equivalent becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

### Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

### What if I don't agree with a decision about an excluded medication?

You (or your authorized representative) and your doctor can ask for an initial coverage decision by calling the toll-free member phone number on your ID card.

## Medication tips

### **What is the difference between brand-name and generic medications?**

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

### **What if my doctor writes a brand-name prescription?**

If your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option.

### **What if I am taking a specialty medication?**

Specialty medications treat rare or complex conditions and are typically higher cost medications. Please note, not all specialty medications are listed in the formulary. BrivoRx®, the OptumRx specialty pharmacy, can provide most of your specialty medications along with helpful programs and services. Call BrivoRx and have your prescriptions delivered right to your home or doctor's office.

### **Over-the-counter medications**

An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

## Reading your formulary

The formulary gives you choices so you and your doctor can determine your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

### Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels will apply once you hit your deductible.

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	\$ <b>Lower-cost</b> generics and some brand-name	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tier 2</b>	\$\$ <b>Mid-range cost</b> preferred brand-name	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
<b>Tier 3</b>	\$\$\$ <b>Highest-cost</b> non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
<b>Tier E</b>	⊗ <b>Excluded</b>	May be excluded from coverage or subject to prior authorization. Lower-cost options are available and covered.

### Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

<b>M</b>	Authorized generic or co-branded product
<b>PA</b>	<b>Prior Authorization</b> – Your doctor is required to provide additional information to determine coverage.
<b>QL</b>	<b>Quantity Limit</b> – Medication may be limited to a certain quantity.
<b>SP</b>	<b>Specialty Medication</b> – Medication is designated as specialty.
<b>ST</b>	<b>Step Therapy</b> – Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.
<b>3P</b>	Tier 3 preferred

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>			hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
ABSTRAL	E		hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	QL
acetaminophen-codeine #2	1	QL	HYSINGLA ER	2	PA; QL
acetaminophen-codeine #3	1	QL	KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	E	
acetaminophen-codeine #4	1	QL	LAZANDA	E	
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	QL	methadone hcl oral tablet	1	PA
ARYMO ER	E		morphine sulfate er oral tablet extended release	1	PA; QL
butalbital-apap-cafeine oral capsule	1		NORCO	E	
butalbital-apap-cafeine oral tablet 50-325-40 mg	1		NUCYNTA	E	
DURAGESIC-100	E		NUCYNTA ER	E	
DURAGESIC-12	E		OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	E	
DURAGESIC-25	E		oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
DURAGESIC-50	E		oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
DURAGESIC-75	E		OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	PA; QL
EMBEDA	2	PA; QL			
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	1	PA; QL			
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	E				

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PERCOCET ORAL TABLET 10-325 MG, 2.5- 325 MG, 5-325 MG, 7.5- 325 MG	E		PENNSAID TRANSDERMAL SOLUTION 2 %	E	
SUBSYS	E		sulindac oral	1	
tramadol hcl ir	1	QL	VIMOVO	E	
tramadol-acetaminophen	1	QL	VOLTAREN GEL 1%	E	
XTAMPZA ER	E		ZORVOLEX	E	
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	E		<b>Anesthetics</b>		
<b>Analgesics - Drugs for Pain and Inflammation</b>			lidocaine external ointment	1	
CAMBIA	E		lidocaine external patch 5 %	1	
CELEBREX	E		LIDODERM	E	
celecoxib oral	1	QL	<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
diclofenac potassium	1		BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG	3	QL
diclofenac sodium oral	1		buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	QL
diclofenac sodium transdermal gel 1 %	1	QL	buprenorphine hcl- naloxone hcl sublingual tablet 2-0.5 mg, 8-2 mg	1	QL
DUEXIS	E		CHANTIX STARTING MONTH PAK	3	QL
etodolac oral tablet	1		naltrexone hcl oral	1	
FLECTOR	3	QL	NARCAN	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1		SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	2	QL
indomethacin oral	1		ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7- 1.4 MG, 8.6-2.1 MG	2	QL
ketorolac tromethamine oral	1	QL			
meloxicam oral tablet	1				
nabumetone oral	1				
naproxen oral tablet	1				
naproxen sodium oral tablet 275 mg, 550 mg	1				

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Antibacterials</b>			CLINDESSE	3	
ACTICLATE	E		DORYX MPC	3	
amoxicillin oral capsule	1		doxycycline hyclate oral capsule	1	
amoxicillin oral suspension reconstituted	1		doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
amoxicillin oral tablet	1		doxycycline monohydrate oral capsule	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1		doxycycline monohydrate oral tablet	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1		KITABIS PAK	E	SP
azithromycin oral suspension reconstituted	1		levofloxacin oral tablet	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1		metronidazole oral tablet	1	
BETHKIS	2	SP	metronidazole vaginal	1	
cefdinir	1		minocycline hcl oral capsule	1	
cefuroxime axetil oral tablet	1		mupirocin external	1	
cephalexin oral capsule	1		nitrofurantoin macrocrystal oral	1	
cephalexin oral suspension reconstituted	1		nitrofurantoin monohydrate macrocrystals	1	
ciprofloxacin hcl oral	1		penicillin v potassium oral tablet	1	
clarithromycin oral tablet	1		SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	
clindamycin hcl oral	1		sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
clindamycin phosphate external gel	1		sulfamethoxazole-trimethoprim oral tablet	1	
clindamycin phosphate external lotion	1		TOBI NEBULIZER	E	SP
clindamycin phosphate external solution	1				

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TOBI PODHALER	E	SP	levetiracetam oral tablet	1	
tobramycin nebulization solution 300 mg/5ml inhalation	1	ST; SP	oxcarbazepine oral tablet	1	
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP	phenytoin sodium extended	1	
<b>Anticoagulants</b>			topiramate oral tablet	1	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL	TROKENDI XR	E	
enoxaparin sodium	1	SP; QL	VIMPAT	3	
PRADAXA	2	QL	zonisamide oral	1	
SAVAYSA	3	QL	<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
warfarin sodium oral	1		donepezil hcl oral tablet	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	QL	memantine hcl oral tablet 10 mg, 5 mg	1	
XARELTO STARTER PACK	2	QL	NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>			<b>Antidepressants</b>		
carbamazepine oral tablet	1		amitriptyline hcl oral	1	
DILANTIN INFATABS	E		bupropion hcl er (sr)	1	QL
DILANTIN ORAL CAPSULE 100 MG	E		bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
DILANTIN ORAL SUSPENSION	E		bupropion hcl oral	1	
divalproex sodium er oral tablet extended release 24 hour	1		citalopram hydrobromide oral tablet	1	
divalproex sodium oral tablet delayed release	1		CYMBALTA	E	
gabapentin oral capsule	1		desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1	QL
gabapentin oral tablet	1		doxepin hcl oral capsule	1	
lamotrigine oral tablet	1		duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 40 MG	3	QL
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
FORFIVO XL	2	QL
LEXAPRO ORAL TABLET	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
PRISTIQ	E	
PROZAC ORAL CAPSULE	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD ORAL TABLET	3	QL
VIIBRYD STARTER PACK	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	

Drug Name	Drug Tier	Notes
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
meclizine hcl oral tablet 25 mg	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	QL
prochlorperazine maleate oral	1	
VARUBI ORAL	3	QL
<b>Antifungals</b>		
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	3	PA
KERYDIN	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
<b>Antigout Agents</b>		
allopurinol oral	1	
COLCHICINE ORAL TABLET	3	
COLCRYS	2	
ULORIC	2	ST
ZURAMPIC	3	ST

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
<b>Antimigraine Agents</b>		
MIGRANAL	3	QL
ONZETRA XSAIL	3	ST; QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	3	QL
ZOMIG ORAL	E	
ZOMIG ZMT	E	
<b>Antineoplastics - Drugs for Cancer</b>		
anastrozole oral	1	
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
IBRANCE	3	PA; SP
letrozole oral	1	
mercaptopurine oral	1	SP
REVLIMID	3	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
XTANDI	3	PA; SP
ZYTIGA	3	PA; SP
<b>Antiparasitics</b>		
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external cream	1	
SOOLANTRA	2	
<b>Antiparkinson Agents</b>		
benztropine mesylate oral	1	

Drug Name	Drug Tier	Notes
carbidopa-levodopa oral tablet	1	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ZELAPAR	3	
<b>Antiplatelets</b>		
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
aripiprazole oral tablet	1	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	3	
haloperidol oral	1	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST; QL
olanzapine oral tablet	1	QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
SAPHRIS	2	QL
ziprasidone hcl	1	QL
<b>Antivirals</b>		
abacavir sulfate-lamivudine	1	SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
acyclovir oral capsule	1		valacyclovir hcl oral	1	QL
acyclovir oral tablet	1		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP
ATRIPLA	2	SP	VIREAD ORAL TABLET 300 MG	3	SP
COMPLERA	2	SP	VOSEVI	2	PA; SP; QL
DESCOVY	2	SP	ZOVIRAX EXTERNAL CREAM	2	
entecavir	1	SP; QL	ZOVIRAX EXTERNAL OINTMENT	E	
EPCLUSA	2	PA; SP; QL	ZOVIRAX ORAL	E	
GENVOYA	2	SP	<b>Anxiolytics - Drugs for Anxiety</b>		
HARVONI	2	PA; SP; QL	alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL
INTELENCE	2	SP	buspirone hcl oral	1	
ISENTRESS ORAL TABLET	2	SP	clonazepam oral tablet	1	QL
MAVYRET	2	PA; SP; QL	diazepam oral tablet	1	
NORVIR ORAL TABLET	2	SP	hydroxyzine hcl oral tablet	1	
ODEFSEY	2	SP	hydroxyzine pamoate oral	1	
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	1	QL	lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	QL
PREZCOBIX	2	SP	triazolam	1	QL
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP	VALIUM	E	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	SP	XANAX	E	
STRIBILD	2	SP	XANAX XR	E	
TAMIFLU ORAL CAPSULE	E		<b>Bipolar Agents - Drugs for Mood Disorders</b>		
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	2	QL	lithium carbonate er	1	
TIVICAY	2	SP	lithium carbonate oral capsule	1	
TRIUMEQ	2	SP	<b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>		
TRUVADA	2	SP	AFSTYLA	3	SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	E	SP	AZOR	E	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	E	SP	benazepril hcl oral	1	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	E	SP	benazepril-hydrochlorothiazide	1	
GRANIX	2	PA; SP	BENICAR	E	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2	PA; SP	BENICAR HCT	E	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	2	PA; SP	bisoprolol fumarate	1	
NUWIQ	3	SP	bisoprolol-hydrochlorothiazide	1	
PROCRT	2	PA; SP	bumetanide oral	1	
ZARXIO	2	PA; SP	BYSTOLIC	2	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>			BYVALSON	2	
amiodarone hcl oral	1		cartia xt	1	
amlodipine besylate oral	1		carvedilol	1	
amlodipine besylate-benazepril hcl	1		chlorthalidone oral tablet 25 mg, 50 mg	1	
amlodipine besylate-valsartan	1		choline fenofibrate	1	
atenolol oral	1		clonidine hcl oral	1	
atenolol-chlorthalidone	1		CRESTOR	E	
atorvastatin calcium oral	1		digox	1	
			digoxin oral tablet	1	
			diltiazem hcl er beads	1	
			diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
			diltiazem hcl oral	1	
			DIOVAN	E	
			DIOVAN HCT	E	
			doxazosin mesylate	1	
			EDARBI	3	ST
			EDARBYCLOR	3	ST
			enalapril maleate oral	1	
			ezetimibe	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	
ezetimibe-simvastatin oral tablet 10-80 mg	1	PA
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LIPITOR	E	
LIPOFEN	2	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
lovastatin	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	

Drug Name	Drug Tier	Notes
MULTAQ	3	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
pentoxifylline er	1	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP; QL
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
quinapril hcl	1	
ramipril	1	
RANEXA	2	ST
REPATHA	2	PA; SP; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; SP; QL
REPATHA SURECLICK	2	PA; SP; QL
rosuvastatin calcium	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 80 mg	1	PA
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	ST
TEKTURNA HCT	2	ST
telmisartan	1	
TOPROL XL	E	
toremide oral	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet	1	
TRIBENZOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral	1	
VYTORIN	E	
WELCHOL	2	
ZETIA	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL XR	E	
amphetamine-dextroamphetamine er	1	PA; QL

Drug Name	Drug Tier	Notes
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	PA; QL
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	QL
CONCERTA	E	
dexmethylphenidate hcl	1	PA; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	PA; QL
guanfacine hcl er	1	
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	PA; QL
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	1	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
VYVANSE	2	PA; QL
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	2	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	PA; SP; QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	PA; SP; QL
AVONEX VIAL INTRAMUSCULAR KIT	2	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	2	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	2	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT	E	SP
GILENYA	3	PA; 3P; SP; QL
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	SP
TECFIDERA ORAL	2	PA; SP; QL

Drug Name	Drug Tier	Notes
TECFIDERA ORAL CAPSULE DELAYED RELEASE	2	PA; SP; QL
<b>Central Nervous System Agents - Miscellaneous</b>		
CONTRACE	2	PA
GRALISE ORAL TABLET 300 MG, 600 MG	3	ST; QL
GRALISE STARTER	3	ST; QL
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	2	QL
phentermine hcl oral tablet	1	PA
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	3	PA
ACANYA	E	
ACZONE	3	
adapalene external gel	1	PA
AKTIPAK	E	
ATRALIN	3	PA
BENZACLIN	E	
BENZACLIN WITH PUMP	E	
BENZAMYCIN	E	
claravis	1	PA

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1		RETIN-A MICRO GEL 0.04 %, 0.1 %	E	
clotrimazole-betamethasone external cream	1		RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	
COSENTYX 150 MG/ML	3	PA; 3P; SP	RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA
COSENTYX 300 DOSE	3	PA; 3P; SP	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
COSENTYX SENSOREADY 300 DOSE	3	PA; 3P; SP	TACLONEX EXTERNAL OINTMENT	E	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	PA; 3P; SP	TACLONEX EXTERNAL SUSPENSION	3	QL
DIFFERIN EXTERNAL GEL 0.3 %	3	PA	TALTZ	E	SP
DIFFERIN EXTERNAL LOTION	3	PA	TAZORAC	3	
DUAC	E		tretinoin external cream	1	PA
DUPIXENT	2	PA; SP; QL	VECTICAL	3	
ELIDEL	2	ST	VELTIN	E	
ENSTILAR	3	QL	ZIANA	E	
EPIDUO	3		ZYCLARA	3	
EPIDUO FORTE	3		ZYCLARA PUMP	3	
EUCRISA	2	ST	<b>Diabetes - Antidiabetic Agents</b>		
FLUOROPLEX	3		ADLYXIN	E	
METROGEL EXTERNAL GEL	3		ADLYXIN STARTER PACK	E	
metronidazole external gel	1		ALOGLIPTIN BENZOATE	E	M
MIRVASO	2		ALOGLIPTIN-METFORMIN HCL	E	M
ONEXTON	3		ALOGLIPTIN-PIOGLITAZONE	E	M
ORACEA	3		BYDUREON BCISE AUTOINJECTOR	2	ST; QL
OXSORALEN ULTRA	2				

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BYDUREON PEN	2	ST; QL	pioglitazone hcl	1	
BYDUREON VIAL	2	ST; QL	SOLQUA	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL	SYNJARDY	2	ST
BYETTA 5 MCG PEN	2	ST; QL	SYNJARDY XR	2	ST
FARXIGA	E		TANZEUM	E	
glimepiride	1		TRADJENTA	2	ST
glipizide er	1		TRULICITY	2	ST; QL
glipizide ir	1		VICTOZA	2	ST; QL
glipizide xl	1		XIGDUO XR	E	
GLUMETZA	E		<b>Diabetes - Glucose Monitoring</b>		
glyburide oral	1		ACCU-CHEK AVIVA DEVICE	E	
glyburide-metformin	1		ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
INVOKAMET	2	ST	ACCU-CHEK AVIVA PLUS	E	
INVOKAMET XR	2	ST	ACCU-CHEK COMPACT PLUS CARE KIT	E	
INVOKANA	2	ST	ACCU-CHEK COMPACT PLUS TEST STRIPS	E	
JANUMET	2	ST	ACCU-CHEK FASTCLIX LANCET KIT	2	
JANUMET XR	2	ST	ACCU-CHEK FASTCLIX LANCETS	2	
JANUVIA	2	ST	ACCU-CHEK GUIDE	E	
JARDIANCE	2	ST	ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	
JENTADUETO	2	ST	ACCU-CHEK MULTICLIX LANCETS	2	
JENTADUETO XR	2	ST	ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
KAZANO	E				
KOMBIGLYZE XR	E				
metformin hcl er	1				
metformin hcl er (mod)	1	PA			
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1				
metformin hcl ir	1				
NESINA	E				
ONGLYZA	E				
OSENI	E				

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ACCU-CHEK SMARTVIEW TEST STRIPS	E		APIDRA VIAL	E	
ACCU-CHEK SOFT TOUCH LANCETS	2		BASAGLAR KWIKPEN	E	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2		FIASP	E	
ACCU-CHEK SOFTCLIX LANCETS	2		FIASP FLEXTOUCH	E	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER DEVICE	3		HUMALOG U-100 AND U-200 KWIKPEN	2	
DEXCOM G4 PLATINUM RECEIVER, SENSOR, TRANSMITTER DEVICE	3		HUMALOG MIX 50/50 KWIKPEN	2	
DEXCOM G5 SENSOR, TRANSMITTER, MOBILE RECEIVER	3		HUMALOG MIX 50/50 VIAL	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	2		HUMALOG MIX 75/25 KWIKPEN	2	
ONETOUCH ULTRA BLUE TEST STRIPS	2	QL	HUMALOG MIX 75/25 VIAL	2	
ONETOUCH ULTRA MINI KIT W/DEVICE	2		HUMALOG U-100 JUNIOR KWIKPEN	2	
ONETOUCH VERIO	2		HUMALOG U-100 VIAL AND CARTRIDGE	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2		HUMULIN 70/30 KWIKPEN	2	
ONETOUCH VERIO TEST STRIPS	2	QL	HUMULIN 70/30 VIAL	2	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	2		HUMULIN N KWIKPEN	2	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	2		HUMULIN N VIAL	2	
<b>Diabetes - Insulins</b>			HUMULIN R U-500 KWIKPEN	2	
APIDRA SOLOSTAR	E		HUMULIN R U-500 VIAL (CONCENTRATED)	2	
			HUMULIN R VIAL	2	
			LANTUS U-100 SOLOSTAR	2	
			LANTUS U-100 VIAL	2	
			LEVEMIR U-100 FLEXTOUCH	E	
			LEVEMIR U-100 VIAL	E	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NOVOFINE AUTOCOVER PEN NEEDLE	2		VELTASSA	3	
NOVOFINE PEN NEEDLE	2		VITAFOL ORAL TABLET	E	
NOVOFINE PLUS PEN NEEDLE	2		vitamin d (ergocalciferol)	1	
NOVOLIN 70/30 RELION	E		<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
NOVOLIN 70/30 VIAL	E		ACIPHEX	E	
NOVOLIN N RELION	E		CARAFATE ORAL TABLET	E	
NOVOLIN N VIAL	E		DEXILANT	2	QL
NOVOLIN R RELION	E		esomeprazole magnesium	1	QL
NOVOLIN R VIAL	E		famotidine oral tablet 20 mg, 40 mg	1	
NOVOLOG U-100 FLEXPEN	E		lansoprazole oral capsule delayed release	1	QL
NOVOLOG MIX 70/30 FLEXPEN	E		NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
NOVOLOG MIX 70/30 VIAL	E		omeprazole oral capsule delayed release	1	QL
NOVOLOG U-100 PENFILL	E		pantoprazole sodium oral	1	QL
NOVOLOG U-100 VIAL	E		PREVACID	E	
NOVOTWIST PEN NEEDLE 32G X 5 MM	2		rabeprazole sodium	1	QL
TOUJEO SOLOSTAR	2		ranitidine hcl oral capsule	1	
TRESIBA FLEXTOUCH	E		ranitidine hcl oral syrup	1	
<b>Electrolytes / Minerals / Metals / Vitamins</b>			ranitidine hcl oral tablet 150 mg, 300 mg	1	
cyanocobalamin injection	1		sucralfate oral tablet	1	
folic acid oral tablet 1 mg	1		ZEGERID	E	
klor-con m20	1		<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
ludent	1		AMITIZA	2	ST; QL
potassium chloride crys er	1		dicyclomine hcl oral capsule	1	
potassium chloride er	1		dicyclomine hcl oral tablet	1	
potassium citrate er	1				

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
LINZESS	2	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	3	
OMECLAMOX-PAK	2	
polyethylene glycol 3350 oral powder	1	
PREPOPIK	3	
PYLERA	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	3	PA; QL
SUPREP BOWEL PREP KIT	3	
VIBERZI	3	PA; QL
<b>Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment</b>		
CERDELGA	3	PA; SP
CREON	2	
PANCREAZE	E	
PERTZYE	E	
VIOKACE	E	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000-63000 UNIT, 25000 UNIT, 3000-10000 UNIT, 5000 UNIT	2	

Drug Name	Drug Tier	Notes
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	QL
DEPEN TITRATABS	2	SP
LEVITRA	E	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENVELA ORAL TABLET	2	
STAXYN	E	
STENDRA	E	
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	2	
VIAGRA	3	QL
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
RAPAFLO	2	
tamsulosin hcl	1	
terazosin hcl oral	1	
<b>Hormonal Agents - Adrenal</b>		
betamethasone valerate external cream	1	
clobetasol propionate external cream	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
clobetasol propionate external ointment	1		ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	2	PA
clobetasol propionate external solution	1		ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	2	PA
CLOBEX SPRAY	3		ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	E	
dexamethasone oral tablet	1		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	E	
fluocinonide external cream	1		FORTESTA	E	
hydrocortisone external cream 2.5 %	1		TESTIM	E	
hydrocortisone external ointment 2.5 %	1		testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
hydrocortisone oral	1		TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	E	M
methylprednisolone oral	1		VOGELXO PUMP	E	
mometasone furoate external cream	1		VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	E	
prednisolone oral solution	1		<b>Hormonal Agents - Osteoporosis</b>		
prednisolone oral syrup 15 mg/5ml	1		OSPHERA	3	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1		raloxifene hcl	1	
prednisone oral tablet	1		<b>Hormonal Agents - Pituitary</b>		
prednisone oral tablet therapy pack	1		BRAVELLE	E	SP
triamcinolone acetonide external cream	1		CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	PA; SP
triamcinolone acetonide external ointment	1		FOLLISTIM AQ SUBCUTANEOUS	E	SP
<b>Hormonal Agents - Men's Health</b>			GENOTROPIN	E	SP
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA			

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GENOTROPIN MINIQUICK	E	SP	ZOMACTON	E	SP
GONAL-F	2	PA; SP	<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
GONAL-F RFF	2	PA; SP	apri	1	
GONAL-F RFF REDIJECT	2	PA; SP	aviane	1	
HP ACTHAR	2	PA; SP	BEYAZ	E	
HUMATROPE	E	SP	blisovi 24 fe	1	
LUPRON DEPOT (1- MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP	blisovi fe 1.5/30	1	
LUPRON DEPOT (3- MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP	blisovi fe 1/20	1	
LUPRON DEPOT (4- MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP	CLIMARA PRO	2	
LUPRON DEPOT (6- MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP	cryselle-28	1	
NORDITROPIN FLEXPRO	2	PA; SP	DIVIGEL	3	
NUTROPIN AQ NUSPIN 10	2	PA; SP	drospirenone-ethinyl estradiol	1	
NUTROPIN AQ NUSPIN 20	2	PA; SP	DUAVEE	2	
NUTROPIN AQ NUSPIN 5	2	PA; SP	ELESTRIN	3	
OMNITROPE	2	PA; SP	ENDOMETRIN	2	
OVIDREL	3	SP	enskyce	1	
SAIZEN	E	SP	ESTRACE VAGINAL	3	
SAIZEN CLICK.EASY	E	SP	estradiol oral	1	
SAIZENPREP	E	SP	estradiol transdermal	1	
			jolivette	1	
			junel 1/20	1	
			junel fe 1.5/30	1	
			junel fe 1/20	1	
			levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-30 mg- mcg	1	
			LO LOESTRIN FE	3	
			loryna	1	
			low-ogestrel	1	
			MAKENA INTRAMUSCULAR	2	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
medroxyprogesterone acetate intramuscular	1	QL	SAFYRAL	3	
medroxyprogesterone acetate oral	1		sprintec 28	1	
microgestin 1.5/30	1		tri-estarylla	1	
microgestin 1/20	1		tri-lynyah	1	
microgestin fe 1.5/30	1		tri-lo-marzia	1	
microgestin fe 1/20	1		tri-lo-sprintec	1	
MINASTRIN 24 FE	E		trinessa (28)	1	
MINIVELLE	3		trinessa lo	1	
mono-lynyah	1		tri-sprintec	1	
mononessa	1		VAGIFEM VAGINAL TABLET 10 MCG	E	
NATAZIA	2		vienva	1	
nikki	1		viorele	1	
norethindrone acet-ethinyl est oral tablet	1		VIVELLE-DOT	E	
norethindrone oral	1		xulane	1	
norgestimate-ethinyl estradiol triphasic	1		YAZ	E	
nortrel 1/35 (21)	1		yuvaferm	1	
nortrel 1/35 (28)	1		<b>Hormonal Agents - Thyroid</b>		
NUVARING	2		ARMOUR THYROID	3	
ocella	1		CYTOMEL	E	
ORTHO TRI-CYCLEN (28)	E		levo-t	1	
ORTHO TRI-CYCLEN LO	E		levothyroxine sodium oral	1	
portia-28	1		levoxyl	1	
PREMARIN ORAL	2		liothyronine sodium oral	1	
PREMARIN VAGINAL	2		methimazole oral	1	
PREMPHASE	2		NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3	
PREMPRO	2		SYNTHROID	3	
progesterone micronized oral	1		TIROSINT	3	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>			methotrexate oral	1	
azathioprine oral	1		methotrexate sodium oral	1	
CIMZIA PREFILLED KIT	2	PA; SP	mycophenolate mofetil oral capsule	1	SP
CIMZIA STARTER KIT	2	PA; SP	mycophenolate mofetil oral tablet	1	SP
CIMZIA VIAL KIT	2	PA; SP	mycophenolate sodium	1	SP
cyclosporine modified oral capsule	1	SP	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP	OTEZLA ORAL TABLET	2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP	OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP
HAEGARDA	3	PA; SP	PROGRAF ORAL	3	SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA; SP	RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	2	PA; QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	PA; SP	REMICADE	2	PA; SP
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	2	PA; SP	SIMPONI ARIA	2	PA; SP
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	2	PA; SP	SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA; SP	SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
INFLECTRA	E	SP			

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
STELARA INTRAVENOUS	2	PA; SP	FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	3	
tacrolimus oral	1	SP	FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TREMFYA	2	PA; SP	ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
XELJANZ XR	3	PA; SP	<b>Inflammatory Bowel Disease Agents</b>		
<b>Immunological Agents - Drugs for Vaccination</b>			APRISO	2	
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		ASACOL HD	E	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	3		CANASA	2	
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		DELZICOL	E	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		DIPENTUM	3	
FLUVIRIN INTRAMUSCULAR SUSPENSION	3		LIALDA	E	
FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		mesalamine oral tablet delayed release 1.2 gm	1	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		MESALAMINE ORAL TABLET DELAYED RELEASE 800 MG	E	M
			PENTASA	3	
			PROCTOFOAM HC	2	
			sulfasalazine oral tablet	1	
			UCERIS RECTAL	3	
			<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
			alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
			alendronate sodium oral tablet 35 mg, 70 mg	1	QL
			BINOSTO	3	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
calcitriol oral capsule	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; SP
ibandronate sodium oral	1	QL
TYMLOS	2	PA; SP
<b>Miscellaneous Therapeutic Agents</b>		
BOTOX	2	PA; Non-Cosmetic; SP
CETYLEV	3	
EUFLEXXA INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC ONE INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ketorolac tromethamine ophthalmic	1	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	

Drug Name	Drug Tier	Notes
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	3	QL
tobramycin ophthalmic	1	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	E	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT PF	3	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	QL
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	QL
RESCULA	E	
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TRAVATAN Z	2	QL
ZIOPTAN	E	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
LASTACFT	3	ST

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1		ipratropium bromide nasal	1	
polymyxin b-trimethoprim	1		levocetirizine dihydrochloride oral tablet	1	
RESTASIS	2	PA	mometasone furoate nasal	1	QL
RESTASIS MULTIDOSE	2	PA	NASONEX	E	
TOBRADEX OPHTHALMIC SUSPENSION	E		OMNARIS	3	QL
tobramycin-dexamethasone	1		promethazine hcl oral tablet	1	
XIIDRA	2	PA	promethazine-codeine	1	PA; QL
<b>Otic Agents - Drugs for Ear Conditions</b>			promethazine-dm	1	
CIPRODEX	2		pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
neomycin-polymyxin-hc otic solution 1 %	1		QNASL	3	QL
neomycin-polymyxin-hc otic suspension	1		QNASL CHILDRENS	3	QL
ofloxacin otic	1		TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	3	PA; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>			XOLAIR	2	PA; SP
ASTEPRO NASAL SOLUTION 0.15 %	3	QL	ZETONNA	3	QL
azelastine hcl nasal	1	QL	ZUTRIPRO	3	PA; QL
benzonatate	1		<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
cetirizine hcl oral solution	1		ADVAIR DISKUS	2	QL
cetirizine hcl oral syrup 1 mg/ml	1		ADVAIR HFA	2	QL
DYMISTA	2	QL	AIRDUO RESPICLICK 113/14	E	
fluticasone propionate nasal	1		AIRDUO RESPICLICK 232/14	E	
hydrocodone polst-cpm polst er oral suspension extended release 10-8 mg/5ml	1	PA; QL	AIRDUO RESPICLICK 55/14	E	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	1	QL	EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	2	Made by Mylan
ALVESCO	E		EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	2	Made by Mylan
ANORO ELLIPTA	2	QL	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	E	Made by Impax; M
ARNUITY ELLIPTA	2	QL	EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	E	
ASMANEX 120 METERED DOSES	E		EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	E	
ASMANEX 14 METERED DOSES	E		FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	2	QL
ASMANEX 30 METERED DOSES	E		FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	2	QL
ASMANEX 60 METERED DOSES	E		INCRUSE ELLIPTA	2	QL
ASMANEX 7 METERED DOSES	E		ipratropium bromide inhalation	1	QL
ASMANEX HFA	E		ipratropium-albuterol	1	QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	E		LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	2	QL	montelukast sodium oral tablet	1	
budesonide inhalation	1	QL			
COMBIVENT RESPIMAT	2	QL			
DULERA	E				
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	E	Made by Impax; M			

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
montelukast sodium oral tablet chewable	1	
PERFOROMIST	3	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	E	
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	E	
QVAR INHALATION AEROSOL SOLUTION	E	
QVAR REDIHALER	E	
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	E	
VENTOLIN HFA	2	QL
XOPENEX HFA	E	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	3	PA; SP; QL
ADEMPAS	2	PA; SP; QL
LETAIRIS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL

Drug Name	Drug Tier	Notes
TRACLEER ORAL TABLET	2	PA; SP; QL
TRACLEER ORAL TABLET SOLUBLE	2	PA; SP; QL
<b>Skeletal Muscle Relaxants - Drugs for Muscle Tension and Spasm</b>		
AMRIX	E	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral tablet	1	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	
eszopiclone	1	QL
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
SILENOR	3	QL
temazepam	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

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letrozole.....	11	45MG.....	23	mycophenolate mofetil.....	25
LEVALBUTEROL HFA.....	29	LYRICA.....	16	mycophenolate sodium.....	25
LEVEMIR U-100		MAKENA.....	23	MYRBETRIQ.....	21
FLEXTOUCH.....	19	MAVYRET.....	12	nabumetone.....	7
LEVEMIR U-100 VIAL.....	19	meclizine hcl.....	10	nadolol.....	14
levetiracetam.....	9	medroxyprogesterone		naltrexone hcl.....	7
LEVITRA.....	21	acetate.....	24	NAMZARIC.....	9
levocetirizine		meloxicam.....	7	naproxen.....	7
dihydrochloride.....	28	memantine hcl.....	9	naproxen sodium.....	7
levofloxacin.....	8	mercaptopurine.....	11	NARCAN.....	7
levonorgestrel-ethinyl		mesalamine.....	26	NASONEX.....	28
estrad.....	23	MESALAMINE.....	26	NATAZIA.....	24
levo-t.....	24	metaxalone.....	30	NATURE-THROID.....	24
levothyroxine sodium.....	24	metformin hcl er.....	18	neomycin-polymyxin-	
levoxyl.....	24	metformin hcl er (mod).....	18	dexameth.....	28
LEXAPRO.....	10	metformin hcl er (osm).....	18	neomycin-polymyxin-hc.....	28
LIALDA.....	26	metformin hcl ir.....	18	NESINA.....	18
lidocaine.....	7	methadone hcl.....	6	NEUPOGEN.....	13
lidocaine viscous.....	16	methimazole.....	24	NEXIUM.....	20

niacin er	nystatin.....	10	paroxetine hcl.....	10	
(antihyperlipidemic).....	14	ocella.....	24	paroxetine hcl er.....	10
nifedipine er.....	14	ODEFSEY.....	12	PAZEO.....	27
nifedipine er osmotic		ofloxacin.....	27, 28	penicillin v potassium.....	8
release.....	14	olanzapine.....	11	PENNSAID.....	7
nikki.....	24	olmesartan medoxomil.....	14	PENTASA.....	26
nitrofurantoin macrocrystal...	8	olmesartan medoxomil-		pentoxifylline er.....	14
nitrofurantoin monohydrate		hctz.....	14	PERCOCET.....	7
macrocrystals.....	8	olopatadine hcl.....	27	PERFOROMIST.....	30
nitroglycerin.....	14	OMECLAMOX-PAK.....	21	permethrin.....	11
NITROSTAT.....	14	omega-3-acid ethyl esters..	14	PERTZYE.....	21
NORCO.....	6	omeprazole.....	20	phenazopyridine hcl.....	21
NORDITROPIN FLEXPPO.....	23	OMNARIS.....	28	phentermine hcl.....	16
norethindrone.....	24	OMNITROPE.....	23	phenytoin sodium	
norethindrone acet-ethinyl		ondansetron hcl.....	10	extended.....	9
est.....	24	ondansetron odt.....	10	pioglitazone hcl.....	18
norgestimate-ethinyl		ONETOUCH ULTRA 2.....	19	PLEGRIDY.....	16
estradiol triphasic.....	24	ONETOUCH ULTRA		PLEGRIDY STARTER	
nortrel 1/35 (21).....	24	BLUE TEST STRIPS.....	19	PACK.....	16
nortrel 1/35 (28).....	24	ONETOUCH ULTRA MINI..	19	polyethylene glycol 3350....	21
nortriptyline hcl.....	10	ONETOUCH VERIO.....	19	polymyxin b-trimethoprim....	28
NORVASC.....	14	ONETOUCH VERIO FLEX		portia-28.....	24
NORVIR.....	12	SYSTEM KIT W/DEVICE....	19	potassium chloride crys er..	20
NOVOFINE AUTOCOVER		ONETOUCH VERIO IQ		potassium chloride er.....	20
PEN NEEDLE.....	20	SYSTEM.....	19	potassium citrate er.....	20
NOVOFINE PEN NEEDLE.....	20	ONETOUCH VERIO		PRADAXA.....	9
NOVOFINE PLUS PEN		SYNC SYSTEM KIT		PRALUENT.....	14
NEEDLE.....	20	W/DEVICE.....	19	pramipexole	
NOVOLIN 70/30 RELION...	20	ONEXTON.....	17	dihydrochloride.....	11
NOVOLIN 70/30 VIAL.....	20	ONGLYZA.....	18	pravastatin sodium.....	14
NOVOLIN N RELION.....	20	ONZETRA XSAIL.....	11	prazosin hcl.....	14
NOVOLIN N VIAL.....	20	OPANA ER.....	6	prednisolone.....	22
NOVOLIN R RELION.....	20	OPSUMIT.....	30	prednisolone acetate.....	27
NOVOLIN R VIAL.....	20	ORACEA.....	17	prednisolone sodium	
NOVOLOG FLEXPEN.....	20	ORENCIA.....	25	phosphate.....	22
NOVOLOG MIX 70/30		ORENITRAM.....	30	prednisone.....	22
FLEXPEN.....	20	orphenadrine citrate er.....	30	PREMARIN.....	24
NOVOLOG MIX 70/30		ORTHO TRI-CYCLEN (28).....	24	PREMPHASE.....	24
VIAL.....	20	ORTHO TRI-CYCLEN LO..	24	PREMPRO.....	24
NOVOLOG PENFILL.....	20	oseltamivir phosphate.....	12	PREPOPIK.....	21
NOVOLOG U-100 VIAL.....	20	OSENI.....	18	PREVACID.....	20
NOVOTWIST PEN		OSPHERA.....	22	PREZCOBIX.....	12
NEEDLE.....	20	OTEZLA.....	25	PREZISTA.....	12
NUCYNTA.....	6	OVIDREL.....	23	PRISTIQ.....	10
NUCYNTA ER.....	6	oxcarbazepine.....	9	PROAIR HFA.....	30
NUTROPIN AQ NUSPIN		OXSORALEN ULTRA.....	17	PROAIR RESPICLICK.....	30
10.....	23	oxybutynin chloride.....	21	prochlorperazine maleate...	10
NUTROPIN AQ NUSPIN		oxybutynin chloride er.....	21	PROCRIT.....	13
20.....	23	oxycodone hcl.....	6	PROCTOFOAM HC.....	26
NUTROPIN AQ NUSPIN 5.....	23	oxycodone-acetaminophen...	6	progesterone micronized....	24
NUVARING.....	24	OXYCONTIN.....	6	PROGRAF.....	25
NUVIGIL.....	30	PANCREAZE.....	21	PROLENSA.....	27
NUWIQ.....	13	pantoprazole sodium.....	20	promethazine hcl.....	28

promethazine-codeine.....	28	SAIZENPREP.....	23	TEKTURNA HCT.....	15
promethazine-dm.....	28	SAPHRIS.....	11	telmisartan.....	15
propranolol hcl.....	14	SAVAYSA.....	9	temazepam.....	30
propranolol hcl er.....	14	SEREVENT DISKUS.....	30	terazosin hcl.....	21
PROVENTIL HFA.....	30	sertraline hcl.....	10	terbinafine hcl.....	10
PROZAC.....	10	sildenafil citrate.....	30	terconazole.....	10
pseudoephedrine-		SILENOR.....	30	TESTIM.....	22
bromphen-dm.....	28	SIMBRINZA.....	27	TESTOSTERONE.....	22
PULMICORT FLEXHALER.....	30	SIMPONI.....	25	testosterone cypionate.....	22
PULMICORT		SIMPONI ARIA.....	25	timolol maleate.....	27
SUSPENSION.....	30	simvastatin.....	15	TIROSINT.....	24
PYLERA.....	21	SINGULAIR.....	30	TIVICAY.....	12
QNASL.....	28	SOLQUA.....	18	tizanidine hcl.....	30
QNASL CHILDRENS.....	28	SOLODYN.....	8	TOBI NEBULIZER.....	8
quetiapine fumarate.....	11	SOOLANTRA.....	11	TOBI PODHALER.....	9
quinapril hcl.....	14	sotalol hcl.....	15	TOBRADEX.....	28
QVAR.....	30	SPIRIVA HANDIHALER.....	30	tobramycin.....	9, 27
QVAR REDIHALER.....	30	SPIRIVA RESPIMAT.....	30	TOBRAMYCIN.....	9
rabeprazole sodium.....	20	spironolactone.....	15	tobramycin-	
raloxifene hcl.....	22	sprintec 28.....	24	dexamethasone.....	28
ramipril.....	14	SPRYCEL.....	11	tolterodine tartrate er.....	21
RANEXA.....	14	STAXYN.....	21	topiramate.....	9
ranitidine hcl.....	20	STELARA.....	17, 26	TOPROL XL.....	15
RAPAFLO.....	21	STENDRA.....	21	torsemide.....	15
RASUVO.....	25	STIOLTO RESPIMAT.....	30	TOUJEO SOLOSTAR.....	20
REBIF.....	16	STRIBILD.....	12	TOVIAZ.....	21
REBIF REBIDOSE.....	16	SUBOXONE.....	7	TRACLEER.....	30
REBIF REBIDOSE		SUBSYS.....	7	TRADJENTA.....	18
TITRATION PACK.....	16	sucralfate.....	20	tramadol hcl ir.....	7
REBIF TITRATION PACK..	16	sulfamethoxazole-		tramadol-acetaminophen.....	7
RELISTOR.....	21	trimethoprim.....	8	TRAVATAN Z.....	27
REMICADE.....	25	sulfasalazine.....	26	trazodone hcl.....	10
REVELA.....	21	sulindac.....	7	TREMFYA.....	26
REPATHA.....	14	sumatriptan succinate.....	11	TRESIBA FLEXTOUCH.....	20
REPATHA PUSHTRONEX		SUMAVEL DOSEPRO.....	11	tretinoin.....	17
SYSTEM.....	14	SUPREP BOWEL PREP		triamcinolone acetonide.....	22
REPATHA SURECLICK.....	14	KIT.....	21	triamterene-hctz.....	15
RESCULA.....	27	SYMBICORT.....	30	triazolam.....	12
RESTASIS.....	28	SYNJARDY.....	18	TRIBENZOR.....	15
RESTASIS MULTIDOSE.....	28	SYNJARDY XR.....	18	tri-estarylla.....	24
RETIN-A MICRO GEL 0.04		SYNTHROID.....	24	tri-lynyah.....	24
%, 0.1 %.....	17	SYNVISC.....	27	tri-lo-marzia.....	24
RETIN-A MICRO PUMP.....	17	SYNVISC ONE.....	27	tri-lo-sprintec.....	24
REVLIMID.....	11	TACLONEX.....	17	trinessa (28).....	24
REXULTI.....	11	tacrolimus.....	26	trinessa lo.....	24
REYATAZ.....	12	TALTZ.....	17	TRINTELLIX.....	10
risperidone.....	11	TAMIFLU.....	12	tri-sprintec.....	24
rizatriptan benzoate.....	11	tamoxifen citrate.....	11	TRIUMEQ.....	12
ropinirole hcl.....	11	tamsulosin hcl.....	21	TROKENDI XR.....	9
rosuvastatin calcium.....	14	TANZEUM.....	18	TRULICITY.....	18
SAFYRAL.....	24	TAZORAC.....	17	TRUVADA.....	12
SAIZEN.....	23	TECFIDERA.....	16	TUDORZA PRESSAIR.....	30
SAIZEN CLICK.EASY.....	23	TEKTURNA.....	15	TUZISTRA XR.....	28

TYMLOS.....	27	XOLAIR.....	28
UCERIS.....	26	XOPENEX HFA.....	30
ULORIC.....	10	XTAMPZA ER.....	7
VAGIFEM.....	24	XTANDI.....	11
valacyclovir hcl.....	12	xulane.....	24
VALIUM.....	12	YAZ.....	24
valsartan.....	15	yuvaferm.....	24
valsartan- hydrochlorothiazide.....	15	ZARXIO.....	13
VARUBI.....	10	ZEGERID.....	20
VASCEPA.....	15	ZELAPAR.....	11
VECTICAL.....	17	ZENPEP.....	21
VELPHORO.....	21	ZETIA.....	15
VELTASSA.....	20	ZETONNA.....	28
VELTIN.....	17	ZIANA.....	17
venlafaxine hcl.....	10	ZIOPTAN.....	27
venlafaxine hcl er.....	10	ziprasidone hcl.....	11
VENTOLIN HFA.....	30	ZOHYDRO ER.....	7
verapamil hcl.....	15	ZOLOFT.....	10
verapamil hcl er.....	15	zolpidem tartrate.....	30
VESICARE.....	21	zolpidem tartrate er.....	30
VIAGRA.....	21	ZOMACTON.....	23
VIBERZI.....	21	ZOMIG.....	11
VICTOZA.....	18	ZOMIG ZMT.....	11
vienna.....	24	zonisamide.....	9
VIIBRYD.....	10	ZORVOLEX.....	7
VIIBRYD STARTER PACK.....	10	ZOSTAVAX.....	26
VIMOVO.....	7	ZOVIRAX.....	12
VIMPAT.....	9	ZUBSOLV.....	7
VIOKACE.....	21	ZURAMPIC.....	10
viorele.....	24	ZUTRIPRO.....	28
VIREAD.....	12	ZYCLARA.....	17
VITAFOL.....	20	ZYCLARA PUMP.....	17
vitamin d (ergocalciferol).....	20	ZYTIGA.....	11
VIVELLE-DOT.....	24		
VOGELXO.....	22		
VOGELXO PUMP.....	22		
VOLTAREN.....	7		
VOSEVI.....	12		
VYTORIN.....	15		
VYVANSE.....	15		
warfarin sodium.....	9		
WELCHOL.....	15		
WELLBUTRIN SR.....	10		
WELLBUTRIN XL.....	10		
XANAX.....	12		
XANAX XR.....	12		
XARELTO.....	9		
XARELTO STARTER PACK.....	9		
XELJANZ XR.....	26		
XIGDUO XR.....	18		
XIIDRA.....	28		



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<http://www.hhs.gov/ocr/office/file/index.html>

**Phone:** Toll-free **1-800-368-1019**, 800-537-7697 (TDD)

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SW Room 509F, HHH Building Washington, D.C. 20201

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your health plan ID card.

## Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

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ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

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ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

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توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សំដៅនូវការស្វែងរកឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានសេវាបំពេញតាមតម្រូវការរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nit'i'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béesh bee hane'i biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.



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